DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 300204857-9

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name:

My residence/post office addi	my residence/post office address and chizenship are as stated below next to my name;				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: Method and Apparatus for Providing Information about a Real-World Space					
Method and Apparatus for Pro	oviding Information abou	it a Real-World Space			
the specification of which is	attached hereto unless t	he following box is ch	ecked:		
() was filed on as US Application No. or PCT International Application					
Number and was amended on (if applicable).					
I hereby state that I have reincluding the claims, as ame disclose all information which	nded by any amendmer	nt(s) referred to above	above-identified specification, e. I acknowledge the duty to FR 1.56.		
Foreign Application(s) and/or Claim of	of Foreign Priority				
	nd have also identified below	any foreign application for	ny foreign application(s) for patent or patent or inventor(s) certificate having		
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119		
GB	0218188.1	Aug 6, 2002	YES: X NO:		
			YES: NO:		
Provisional Application		<u> </u>			
I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:					
	APPLICATION NUMBER	FILING DATE			
			7		
U. S. Priority Claim		<u> </u>			
manner provided by the first paragr information as defined in Title 37, C application and the national or PCT i	aph of Title 35, United States ode of Federal Regulations, Se nternational filing date of this	s Code Section 112, I ackrection 1.56(a) which occur	e prior United States application in the lowledge the duty to disclose material red between the filing date of the prior		
APPLICATION NUMBER	FILING DATE	STATUS (p	atented/pending/abandoned)		
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:					
Customer Number	or 022879	Place Customer Number Bar Code Label here			
Send Correspondence to:		Direct Telephor	e Calls To:		
HEWLETT-PACKARD COMPANY		Dichard D. Pare			
Intellectual Property Administrati	ion	Richard P. Berg			
Fort Collins, Colorado 80527-2400		323 934 2300			
made on information and b with the knowledge that w	elief are believed to be villful false statements er Section 1001 of Title	true; and further tha and the like so ma 18 of the United Sta	re true and that all statements these statements were made de are punishable by fine or tes Code and that such willfult issued thereon.		
Full Name of Inventor: Richard Hull Citizenship: GB					
Residence: 10 Newcombe Road Westbury-on-Trym Bristol BS9 3QS England					
Post Office Address: Same as residence					

Inventor's Signature

Date

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 300204857-9

Full Name of # 2 joint inventor:	Josephine Reid	Citizenship: GB		
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Inventor's Signature	Date			
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Post Office Address:	Same as residence			
Inventor's Signature	Date			
•	Date			
Full Name of # 4 joint inventor:		Citizanshin		
Residence:		Citizenship:		
Post Office Address:				
Post Office Address:				
Inventor's Signature	Date			
Full Name of # 5 joint inventor:	:	Citizenship:		
Residence:				
Post Office Address:				
Inventor's Signature	Date			
Full Name of # 6 joint inventor:	:	Citizenship:		
Residence:				
Post Office Address:				
Inventor's Signature	Date			
	Date			
Full Name of # 7 joint inventor:		Citizenship:		
Residence:		Ortzerisni <u>p.</u>		
Post Office Address:				
Fost Office Address.				
Inventor's Signature	Date			
Full Name of # 8 joint inventor:	:	Citizenship:		
Residence:				
Post Office Address:				
	·			
Inventor's Signature	Date			